| PATENT APPLICATION FEE DETERMINATION RECORD  Effective December 8, 2004 |  |  |                                    |   |                              |                               |                    |                   | Application or Docket Number |          |                                |  |  |
|---|--|--|------------------------------------|---|------------------------------|-------------------------------|--------------------|-------------------|------------------------------|----------|--------------------------------|--|--|
|   |  | CLAIMS   |                                    | S FILED - PART I  (Column 1) (Column 2) |                              |                               |                    | SMALL ENTITY TYPE |                              |          | OTHER THAN OR SMALL ENTITY     |  |  |
| U.S   | . NATIONAL                                     | STAGE FEES   |                                    |   |                              |                               | RAT                | Έ                 | FEE                          |          | RATE                           | FEE  |  |
| BASIC FEE   |  |  |                                    |   |                              |                               | BASIC FE           | E                 |                              | OR       | BASIC FEE                      | 300  |  |
| EXAMINATION FEE   |  |  |                                    |   |                              |                               | EXAM. FE           | E                 |                              |          | EXAM. FEE                      | 200  |  |
| SEARCH FEE  |  |  |                                    |   |                              |                               | SEARCH             | FEE               |                              |          | SEARCH FEE                     | 400  |  |
| FEE FOR EXTRA SPEC. PGS.  |  |  | г                                  | minus 100 =                             |                              | / 50 =                        | X \$ 12            | 25 =              |                              |          | X \$ 250 =                     | 1700   |  |
| TOTAL CHARGEABLE CLAIMS   |  |  | 14                                 | minus 20 =                              | *                            |                               | X \$ 2             | 5 =               |                              | OR       | X \$ 50 =                      | <del> </del>                                     |  |
| INDEPENDENT CLAIMS  |  |  | 17                                 | minus 3 =                               | *                            | 2000                          | X \$ 10            | 0 =               |                              | OR       | X \$ 200 =                     | <del>                                     </del> |  |
| MUL   | MULTIPLE DEPENDENT CLAIM PRE                   |  |                                    |   |                              |                               | + \$ 18            | 0 =               |                              | OR       | + \$ 360 =                     | <u> </u>   |  |
| * If  | the difference                                 | e in column 1 is   | less than z                        | ero, enter "0                           | " in co                      | lumn 2                        | TOTA               |                   |                              | OR       | TOTAL                          | 900  |  |
| AMENDMENT A   | Total  | CLAIMS AS  (Column 1)  CLAIMS REMAINING AFTER AMENDMENT  *                       | Minus                              |   | nn 2)<br>EST<br>BER<br>OUSLY | PRESENT EXTRA                 | SMA<br>RAT         | =                 | ADDI-<br>TIONAL<br>FEE       | OR<br>OR | OTHER SMALL E  RATE  X \$ 50 = | -  |  |
| MENC  | Independent                                    | *  | Minus                              | ***                                     | _ ,                          | =                             | X \$ 10            |                   |                              | OR       |                                | <del> </del>                                     |  |
| ¥   |  | ENTATION OF N  |                                    | EPENDENT C                              | MAI:                         |                               | + \$ 18            |                   |                              |          | X \$ 200 =                     |  |  |
|   | <u> </u>                                       |  |                                    |   |                              |                               | TOTAL AI           |                   |                              | OR<br>OR | + \$ 360 =                     |  |  |
|   |  | (Column 1)<br>CLAIMS   | <del></del>                        | (Colum<br>HIGHE                         |                              | (Column 3)                    | FFF                |                   |                              | UK       | FFF                            |  |  |
| AMENDMENT B   |  | REMAINING<br>AFTER<br>AMENDMENT  |                                    | NUMB<br>PREVIOU<br>PAID F               | BER<br>USLY                  | PRESENT<br>EXTRA              | RATE               |                   | ADDI-<br>TIONAL<br>FEE       |          | RATE                           | ADDI-<br>TIONAL<br>FEE                           |  |
|   | Total  | *  | Minus                              | **                                      |                              | =                             | X \$ 25            | =                 |                              | OR       | X \$ 50 =                      |  |  |
|   | Independent                                    | *  | Minus                              | ***                                     |                              | =                             | X \$ 100           | ) =               |                              | OR       | X \$ 200 =                     |  |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                                    |   |                              |                               | + \$ 180           | ) =               |                              | OR       | + \$ 360 =                     |  |  |
|   |  |  |                                    |   |                              |                               | TOTAL AD           | DIT.              |                              | OR       | TOTAL ADDIT.<br>FFF            |  |  |
| **  | If the "Highest Nu If the "Highest Nu          | umn 1 is less than thumber Previously Paumber Previously Paumber Previously Paid | id For' IN THIS<br>id For' IN THIS | S SPACE is less<br>S SPACE is less      | than '20<br>than '3',        | )', enter "20".<br>enter "3". | d in the appropria | te box            | in column 1                  |          |                                |  |  |